

Foster Family Home - Deficiency Report

Provider ID: 1-230086

Home Name: Clarence Quiroga, NA

Review ID: 1-230086-3

94-942 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/22/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/22/24).

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(1) Reside in the community care foster family home;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(1)- no written authorization from rental agreement/landlord for CCFFH to operate a business in current property.

41.(b)(7)- CG#1's TB clearance lapsed on 4/22/24 and was not renewed until 7/3/24.

41.(f), (f)(1)- HHM#2 (minor) without TB clearance or TB clearance exemption.

41.(g)- No basic skills checklist completed by CG#5 for Client #1.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#5 in Client #1 and Client #2's charts.

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No time variations for monthly fire drills- there were no afternoon and nighttime fire drills conducted. CG#3, CG#4, CG#5, and CG#6 were without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e)(2) Inspection of service sites;

Comment:

50.(a)- CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(e)- No doorbell/buzzer present at the CCFFH's front door.

Maikel Nakamine
Compliance Manager
Connie L
Primary Care Giver

Per 8/22/24
Date
8/22/24
Date